

2001 UNIFORM BUSINESS REPORT (UBR)

4/2/

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-02-2001 90289 029 ***158.75

DOCUMENT # P00000086876

1. Entity Name

SOLE MIO, INC.

Principal Place of Business

12323 S.W. 55TH STREET
BLDG. 1000 SUITE 1010
FORT LAUDERDALE FL 33330

Mailing Address

12323 S.W. 55TH STREET
BLDG. 1000 SUITE 1010
FORT LAUDERDALE FL 33330

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For (See Attached)

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent

Name: CHRISTINE ADRIANI
Street Address (P.O. Box Number is Not Applicable): 12323 S.W. 55TH ST. #1010
City: Ft. Lauderdale FL Zip Code: 33330

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ANDRIANI, MARIO	
STREET ADDRESS	12323 S.W. 55TH STREET BLDG 1000 STE 1010	
CITY-ST-ZIP	FORT LAUDERDALE FL 33330	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDRIANI, CHRISTINE	
STREET ADDRESS	12323 S.W. 55TH STREET BLDG 1000 STE 1010	
CITY-ST-ZIP	FORT LAUDERDALE FL 33330	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADRIANI MARIO	
STREET ADDRESS	12323 S.W. 55TH ST #1010	
CITY-ST-ZIP	Ft. Lauderdale FL 33330	
TITLE	OS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADRIANI CHRISTINE	
STREET ADDRESS	12323 S.W. 55TH ST. #1010	
CITY-ST-ZIP	Ft. Lauderdale FL 33330	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTINE ADRIANI 3/28/01 954.252.9989

Date

Daytime Phone #

CR2E034 (10/00)

Attachment
D#P0000086876
68110

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly

1 Name of applicant (legal name) (see instructions)

Sole Mio, Inc.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)

5a Business address (if different from address on lines 4a and 4b)

12323 SW 55 Street, Bldg 1000, #1010

4b City, state, and ZIP code

5b City, state, and ZIP code

Ft. Lauderdale FL 33330

6 County and state where principal business is located

Miami-Dade County, Florida

7 Name of principal officer, general partner, grantor, owner, or trustee - SSN or ITIN may be required (see instructions) ►

Christine Adriani, Secretary SSN: 468-56-0262

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)

☐ Estate (SSN of decedent)

☐ Partnership

☐ Personal service corp.

☐ Plan administrator (SSN)

☐ REMIC

☐ National Guard

☐ Other corporation (specify) ►

☐ State/local government

☐ Farmer's cooperative

☐ Trust

☐ Church or church-controlled organization

☐ Federal government/military

☐ Other nonprofit organization (specify) ►

(enter GEN if applicable)

☒ Other (specify) ► Corporation

8b If a corporation, name the state or foreign country
(if applicable) where incorporated

State

Foreign country

9 Reason for applying (Check only one box.) (see instructions)

☐ Banking purpose (specify purpose) ►

☒ Started new business (specify type) ►

☐ Changed type of organization (specify new type) ►

Tile Company

☐ Purchased going business

☐ Hired employees (Check the box and see line 12.)

☐ Created a trust (specify type) ►

☐ Created a pension plan (specify type) ►

☐ Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)

04/01/2001

11 Closing month of accounting year (see instructions)

DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural

Agricultural

Household

0

0

0

14 Principal activity (see instructions) ► Tile Company

15 Is the principal business activity manufacturing?

☐ Yes

☒ No

If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.

☐ Public (retail)

☐ Other (specify) ►

☒ Business (wholesale)

☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business?

☐ Yes

☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►

Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

Fax telephone number (include area code)

Name and title (Please type or print clearly.)

Christine Adriani, Secretary

Signature ►

Date ►

4/1/2001

Note: Do not write below this line. For official use only.

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying